

PART B - FEE(S) TRANSMITTAL

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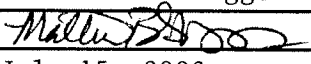
22913 7590 04/16/2009

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Matthew B. Skaggs	(Depositor's name)
	(Signature)
July 15, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/749,346	12/30/2003	Daniel F. Justin	13447.40	8202
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TITLE OF INVENTION: TIBIAL CONDYLAR HEMIPLASTY IMPLANTS, ANCHOR ASSEMBLIES, AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/16/2009
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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STEWART, ALVIN J	3774	623-020170
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BAKER & DANIELS LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ZIMMER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Warsaw, Indiana USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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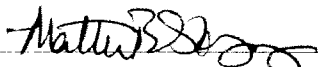
- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0385 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

July 15, 2009

Typed or printed name

MATTHEW B. SKAGGS

Registration No.

55,814

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.

ZIM0762-03

Applicant(s): **Daniel F. Justin et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/749,346	December 30, 2003	Alvin J. Stewart	43963	3774	8202

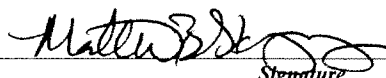
Invention: **TIBIAL CONDYLAR HEMIPLASTY IMPLANTS, ANCHOR ASSEMBLIES, AND RELATED METHODS**

Mail Stop Issue Fee
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Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1510.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
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Signature

Dated: **JULY 15, 2009**

Matthew B. Skaggs, Reg. No. 55,814
BAKER & DANIELS LLP
111 East Wayne Street, Suite 800
Fort Wayne, IN 46802
TX: 260-424-8000
FX: 260-460-1700

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